

To be completed by a party claiming the County is responsible for damages to their property or person
Claims may be submitted by fax, email, mail or in person.

Name of person(s) involved _____

Address _____

City _____ Province _____ Postal code _____

Phone number _____ Fax _____

Email (optional) _____

Location of incident _____

Date and time of incident _____

Description of damaged property/injury (370 characters maximum)

Indicate **cause** of damage/injury (370 characters Maximum)To whom was the incident/damage **first** reported? _____When was the incident/damage **first** reported? _____

Why do you feel Strathcona County is responsible and what would you like the County to do? (370 char max)

Amount of Claim (Please attach 2 estimates for repair and any applicable photos) \$

CERTIFICATION OF CLAIMANT:

I solemnly swear that I am the owner/occupier of the property damaged, that the foregoing is a correct and accurate statement as to the damages incurred and that I have no insurance of any type under which such damage may be recoverable.

Signature_____
Date (dd-mmm-yyyy)**Collection and use of personal information**

This personal information is collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act and will be used in the management and administration of claims made against Strathcona County. Information contained on this form may be disclosed as allowed or required by law. If you have any questions about the collection, use or disclosure of this information, contact the Senior Risk Analyst, Financial Services, Strathcona County at 780-400-2025.